

UTAH COUNTY HEALTH DEPARTMENT
Division of Environmental Health
utahcountyonline.org

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FOOD ESTABLISHMENT PLAN REVIEW CHECK LIST

ESTABLISHMENT NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

OWNER NAME _____

Submitted plans cannot be smaller than scale of 1/4 inch = 1 foot
Please indicate by page number the location of the following on plans

| | | | |
|--|-------|---------------------------------|-----------------------|
| Floor Plans Showing Equipment Location | _____ | Plumbing Plan and Schedule | _____ |
| Equipment Schedule | _____ | BTU or KW of Water Heater | _____ |
| Mechanical Plan | _____ | Gallon Capacity of Water Heater | _____ |
| Finish Schedule | _____ | 3 Compartment Sink (dimensions) | _____ X _____ X _____ |
| | | Light Shielding Information | _____ |
| Menu Submitted | _____ | Seating Capacity | _____ |

| ESTABLISHMENT CLASSIFICATION (Determined by Size of Kitchen) | FEE (Within 15 Business Days) | EXPEDITED FEE* (Within 5 Business Days) |
|--|----------------------------------|--|
| Class 1 (Mobile - Seasonal - Remodel of Existing Kitchen) | \$250 <input type="checkbox"/> | \$ 500 <input type="checkbox"/> |
| Class 2 (Up to 300 square feet) | \$350 <input type="checkbox"/> | \$ 700 <input type="checkbox"/> |
| Class 3 (301-500 square feet) | \$450 <input type="checkbox"/> | \$ 900 <input type="checkbox"/> |
| Class 4 (501 square feet or greater) | \$550 <input type="checkbox"/> | \$1100 <input type="checkbox"/> |

***Expedited Plans must be Architectural Grade & ALL information above must be completed.**

Send Review To:

NAME: _____ TELEPHONE: _____

ADDRESS : _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL ADDRESS: _____

Note: A penalty of 100% of the permit fee will be charged for an establishment that **starts operation** without a food service permit.

I hereby affirm that the above named food service establishment will be constructed as specified in the submitted plans, and that construction will not begin until a plan review has been completed. Alterations involving the kitchen or food service establishment portion of the building will be resubmitted to the Health Department for approval. I also affirm that I have been made aware of the penalties mentioned above.

Signature: _____

Date: _____

Payment Received By: _____

Payment Date: _____

Cash ☐ Check ☐ Credit/Debit ☐

Oracle No. _____ CDP No. _____